

Division of Child Development and Early Education
Subsidy Services Section
Visit Checklist of Child Care Providers Receiving Subsidies

Date of Visit: date	Time In: Time	Time Out: Time	License Number: type license #
Facility Name: [Company]			
Facility Address: Click or tap here to enter text.		Mailing Address: Click or tap here to enter text.	
Provider/Owner: Type owner			
Role and Name of Person(s) interviewed: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Operator: <input type="checkbox"/> Director: <input type="checkbox"/> Assistant Director: </div> <div> <input type="checkbox"/> Office Staff: <input type="checkbox"/> Teacher: <input type="checkbox"/> Other Staff: </div> </div>			
Type of Facility: Choose an item.		Stars: Choose an item.	
Visit Type: Choose an item.			
Licensed Capacity: Number	Total Children Enrolled: Number	Children Receiving Subsidy: Number	
Funding Sources: <input type="checkbox"/> Private Pay <input type="checkbox"/> Subsidy <input type="checkbox"/> CACFP <input type="checkbox"/> Smart Start			

Pre-Site Review – NC FAST

Current Subsidized Child Care Assistance Program Provider Agreement present? ☐ Yes ☐ No
Child Reimbursement Summary reviewed? ☐ Yes ☐ No
Last Month Roster Submitted? Click or tap here to enter text.
Month(s) Reviewed? Click or tap here to enter text.

On Site Attendance Review for Month(s) Reviewed

Arrival and Departure records available? ☐ Yes ☐ No
Daily attendance available? ☐ Yes ☐ No
CACFP meal count reports available? ☐ Yes ☐ No
Other types of attendance available? Click or tap here to enter text.
Which attendance record(s) is used to submit attendance in the NC FAST Provider Portal? Click or tap here to enter text.

On-Site Rates and Payment Review

Private Pay rates available? ☐ Yes ☐ No
Subsidy rates reported in NC FAST are equal to or less than private pay rates? ☐ Yes ☐ No
Provider issues receipts to parents receiving subsidies? ☐ Yes ☐ No
Parent fees on receipts match vouchers or action notices? ☐ Yes ☐ No

Does the provider receive a supplemental payment for one or more children with special needs? ☐ Yes ☐ No

If yes, does provider have documentation of child(ren)'s needs? ☐ Yes ☐ No

If yes, does need documented match the approved request? ☐ Yes ☐ No

If yes, is the plan being followed? ☐ Yes ☐ No

You have an error rate of Choose an item.

Consultant Visit Comments:

Click or tap here to enter text.

If you have questions about information contained in this form, please contact me at:

Select Consultant

Notice of North Carolina Law and Rules Governing Child Care and the Subsidized Child Care Assistance Program

- The Division and/or Local Purchasing Agency may take action against me and/or my facility based on any errors found related to the record review.
- Any errors found may subject me and/or my facility to administrative action including, but not limited to: a Corrective Action Plan, overpayments, revocation of my license, termination of participation in the Subsidized Child Care Assistance Program, and subsidy sanctions.

Certification (please initial each item)

_____ I certify I have provided to the Division consultant all daily attendance and arrival and departure time records. If daily attendance and arrival and departure records are not available, I certify that I have provided all CACFP meal count reports and any other record(s) used to submit attendance in the NC FAST Provider Portal.

_____ I certify that me and/or my facility must maintain accurate records of daily attendance records, arrival and departure time records, CACFP meal count reports, and any other record(s) used to submit attendance in the NC FAST Provider Portal.

SIGNATURE AND TITLE OF PERSON IN CHARGE AT TIME OF VISIT

DATE

CONSULTANT'S SIGNATURE

Click or tap to enter a date.
DATE